

Case Number:	CM15-0138670		
Date Assigned:	07/28/2015	Date of Injury:	09/29/2004
Decision Date:	08/25/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year-old male, who sustained an industrial injury on 09/29/2004. He has reported injury to the neck and mid back. The diagnoses have included cervicgia; chronic pain due to trauma; and post-traumatic stress disorder with anxiety and depression. Treatment to date has included medications, diagnostics, and psychotherapy. Medications have included Clonazepam and Cymbalta. A progress report from the treating physician, dated 06/17/2015, documented a follow-up visit with the injured worker. Currently, the injured worker reports that he has a list of psychiatrists that can take care of injured workers and wants a referral. Objective findings included no acute distress; affect guarded; no pain behaviors; normal station and gait; and he needs referral and can transition to psychiatry for medication treatment. The treatment plan has included the request for Clonazepam 0.5mg #30 with 4 refills; and Cymbalta (Duloxetine) 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Clonazepam 0.5mg #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Benzodiazepines Section.

Decision rationale: The guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment for anxiety disorders would be an antidepressant. Benzodiazepines are Not Recommended as first-line medications by ODG. Per the ODG, Clonazepam is not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-14 day). In this case, the injured worker has taken this medication for an extended period, which is not consistent with the cited guidelines. Additionally, there is no objective documentation of a decrease in pain or increase in function while using the medication. The request for Clonazepam 0.5mg #30 with 4 refills is determined to not be medically necessary.

Cymbalta (Duloxetine) 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Section Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Cymbalta (Duloxetine) Section, Mental Illness & Stress Chapter/Duloxetine (Cymbalta).

Decision rationale: MTUS guidelines state that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. Per the ODG, Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). Duloxetine has been shown to be effective in the treatment of first and subsequent episodes of major depressive disorder, and regardless of duration of the current depressive episode. In this case, the injured worker has taken Cymbalta for an extended period without documented improvement in mood, or increase in daily function. The request for Cymbalta (Duloxetine) 20mg #30 is determined to not be medically necessary.

